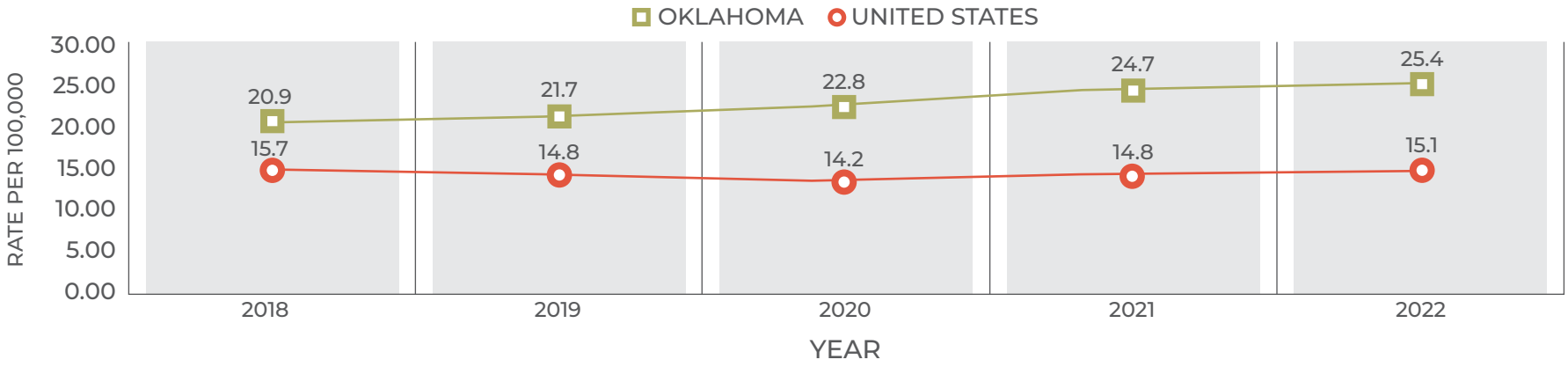
2018
2022
REPORT

OLDER ADULT SUICIDE IN OKLAHOMA

OKLAHOMA ▪ U.S.

FIGURE 1. OLDER ADULT SUICIDE DEATHS, 2018–2022



From 2018 to 2022, **85% of all violent deaths** among older adults in Oklahoma were **suicides**.

Oklahoma's suicide rate among older adults has consistently exceeded the U.S. average. While the national rate remained relatively stable, ranging from 14.2 to 15.1 per 100,000 residents, Oklahoma's rate increased 22% from 20.9 per 100,000 in 2018 to 25.4 per 100,000 in 2022 **(Figure 1)**.

In total, 740 suicides were reported among adults aged 65 and older in Oklahoma, yielding a rate of 23.1 per 100,000 residents for the time period—55% higher than the U.S. rate of 14.9 per 100,000 residents.

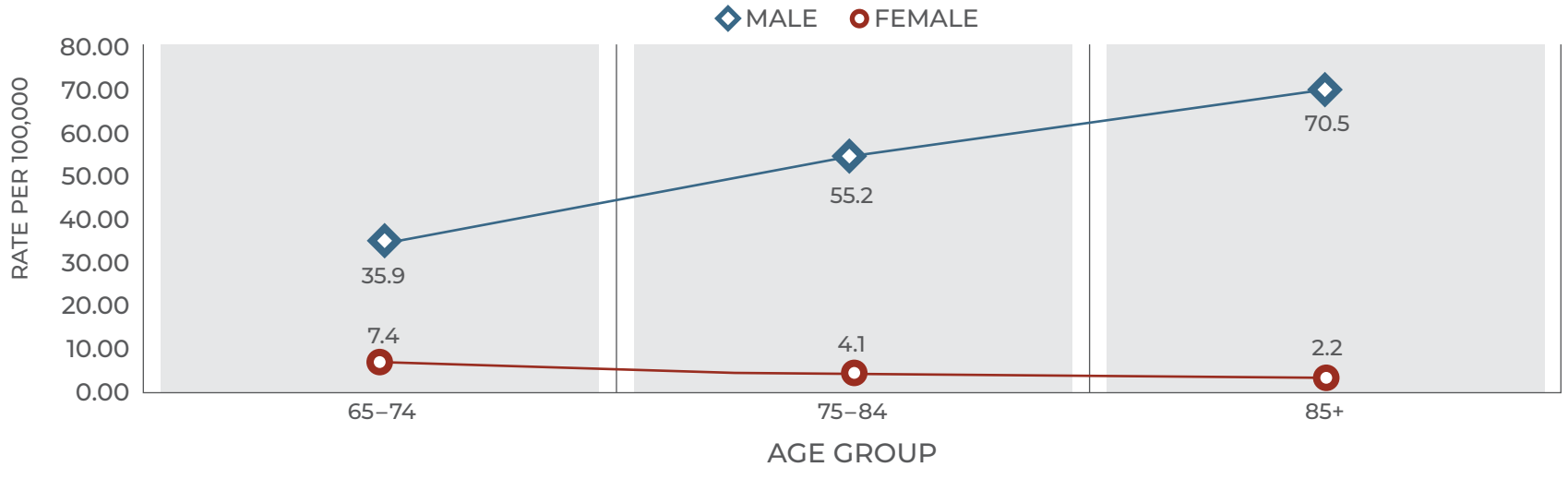
During this time period, suicides accounted for 85% of all violent deaths among older adults in Oklahoma. Comparatively, suicides made up 66% of all violent deaths for adults aged 18 to 64.

Over three-quarters of older adults who died by suicide were male (86%), compared to 14% who were female. Males were six times more likely than females to die by suicide.

The ages of decedents ranged from 65 to 102 years, with an average age of 75. Over half (53%) of deaths occurred among individuals aged 65 to 74.

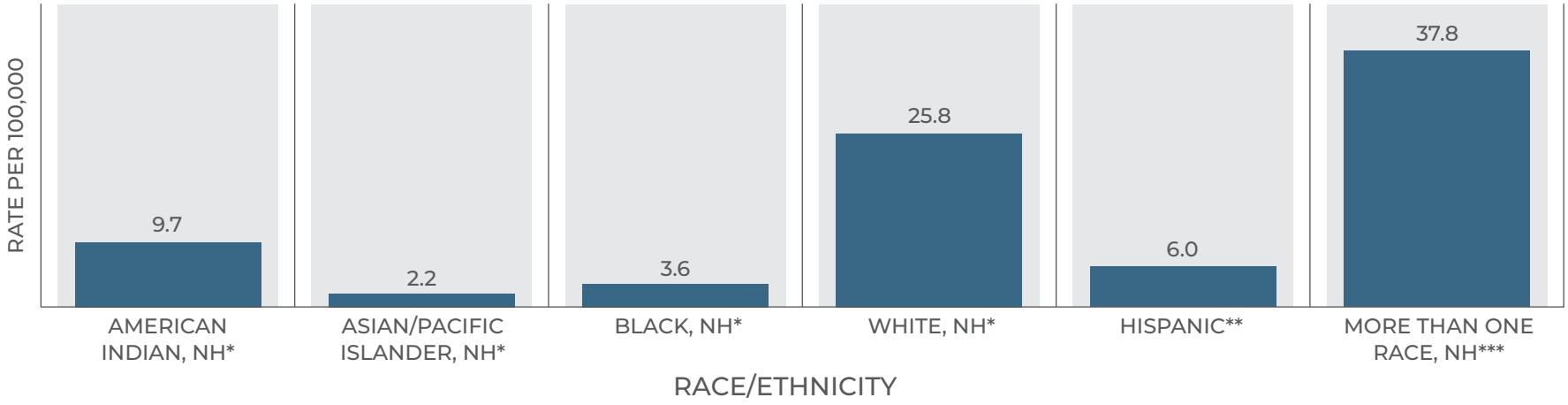
Among all age groups, those aged 85 and older had the highest suicide rate at 26.6 per 100,000 residents. Notably, men aged 85 and older had the highest rate of suicide at 70.5 per 100,000, while females aged 65 to 74 had the highest rate of suicide at 7.4 per 100,000 **(Figure 2)**.

FIGURE 2. OLDER ADULT SUICIDE RATES BY AGE & SEX, OKLAHOMA, 2018–2022



AGE ▪ SEX

FIGURE 3. OLDER ADULT SUICIDE RATES BY RACE/ETHNICITY, OKLAHOMA, 2018–2022

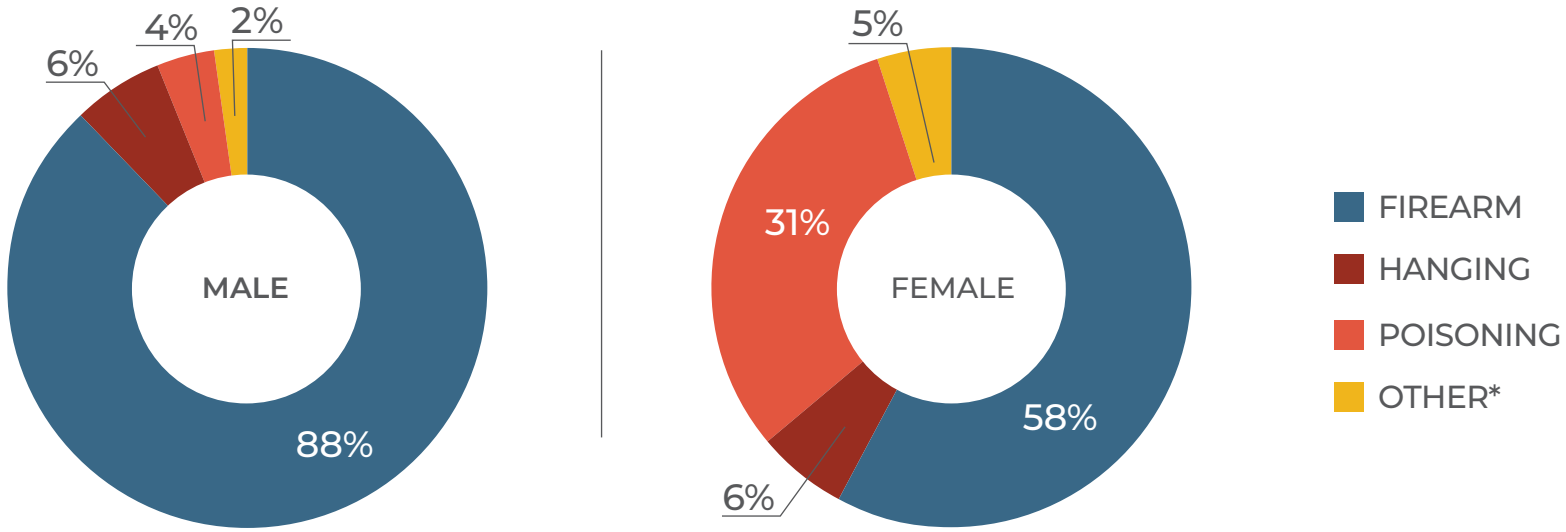


*NH=Not Hispanic
**Hispanic ethnicity is not a racial category.
***100% of the more than one race, NH category is AI/AN and another race.

Older adults identifying with more than one race, non-Hispanic had the highest suicide rate among all racial and ethnic groups, at 37.8 per 100,000 residents. This elevated rate is significantly influenced by the American Indian/Alaska Native (AI/AN) population, as all of the individuals in the more than one race category identified as AI/AN and another racial group, predominately White or Black.

Among single-race groups, non-Hispanic White older adults had the highest suicide rate at 25.8 per 100,000 residents, followed by non-Hispanic American Indian older adults at 9.7 per 100,000 residents **(Figure 3)**.

FIGURE 4. METHOD OF SUICIDE BY SEX, OKLAHOMA, 2018–2022



*Other methods include sharp instruments, fall, drowning, fire, motor vehicle, other transportation.

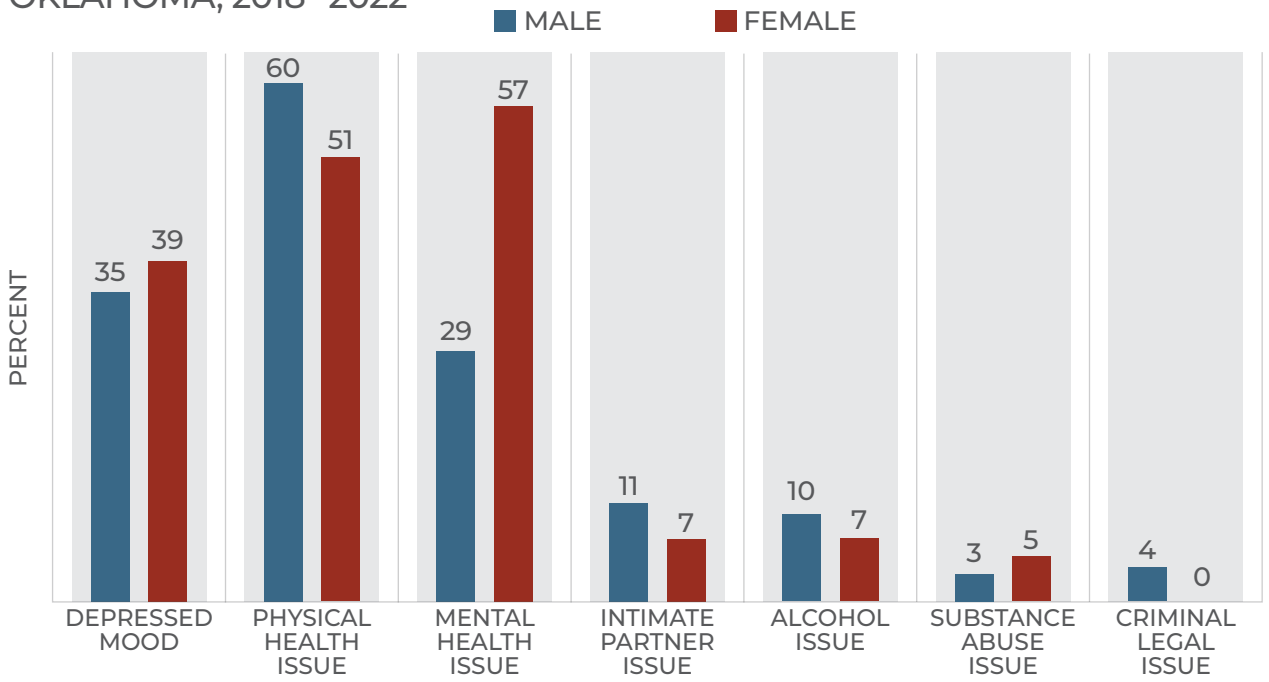
Firearms were the leading mechanism of suicide, involved in 84% of deaths. This mechanism was consistent across genders, with firearms used in 88% of male suicides and 58% of female suicides. Among females, poisoning was the second most common method, involved in 31% of deaths. Hanging was the second most common method among males and third most common among females at 6% for both groups **(Figure 4)**.

Older adults were significantly more likely to use a firearm as the method of suicide compared to individuals aged 18-64 years of age, at 84% versus 56%, respectively.

Firearms were used in **84% of all suicide deaths** among older adults.

CIRCUMSTANCES

FIGURE 5. OLDER ADULT SUICIDE CIRCUMSTANCES* BY SEX, OKLAHOMA, 2018–2022



*More than one circumstance may have been associated with a suicide.

TOXICOLOGY

ALCOHOL

Approximately 12% of older adult suicide decedents had a positive blood alcohol content (BAC) at the time of death, with 6% recording BAC levels of ≥ 0.08 mg/dL.

OPIATES ANTIDEPRESSANTS BENZODIAZEPINES

Toxicology reports indicated that 8% of decedents tested positive for opiates, 7% for antidepressants, and 5% for benzodiazepines prior to death.

TESTING INFORMATION

About 69% of older adult decedents were tested for substances, with 12% showing positive results for substances other than alcohol. However, the relationship between the decedent and medications, whether prescribed or illicit, is often unknown.

Among older adult males, the leading circumstances of suicide were physical health problems (60%), depressed mood (35%), and mental health problems (29%). For females, the primary circumstances were mental health problems (57%), physical health problems (51%), and depressed mood (39%) **(Figure 5)**.

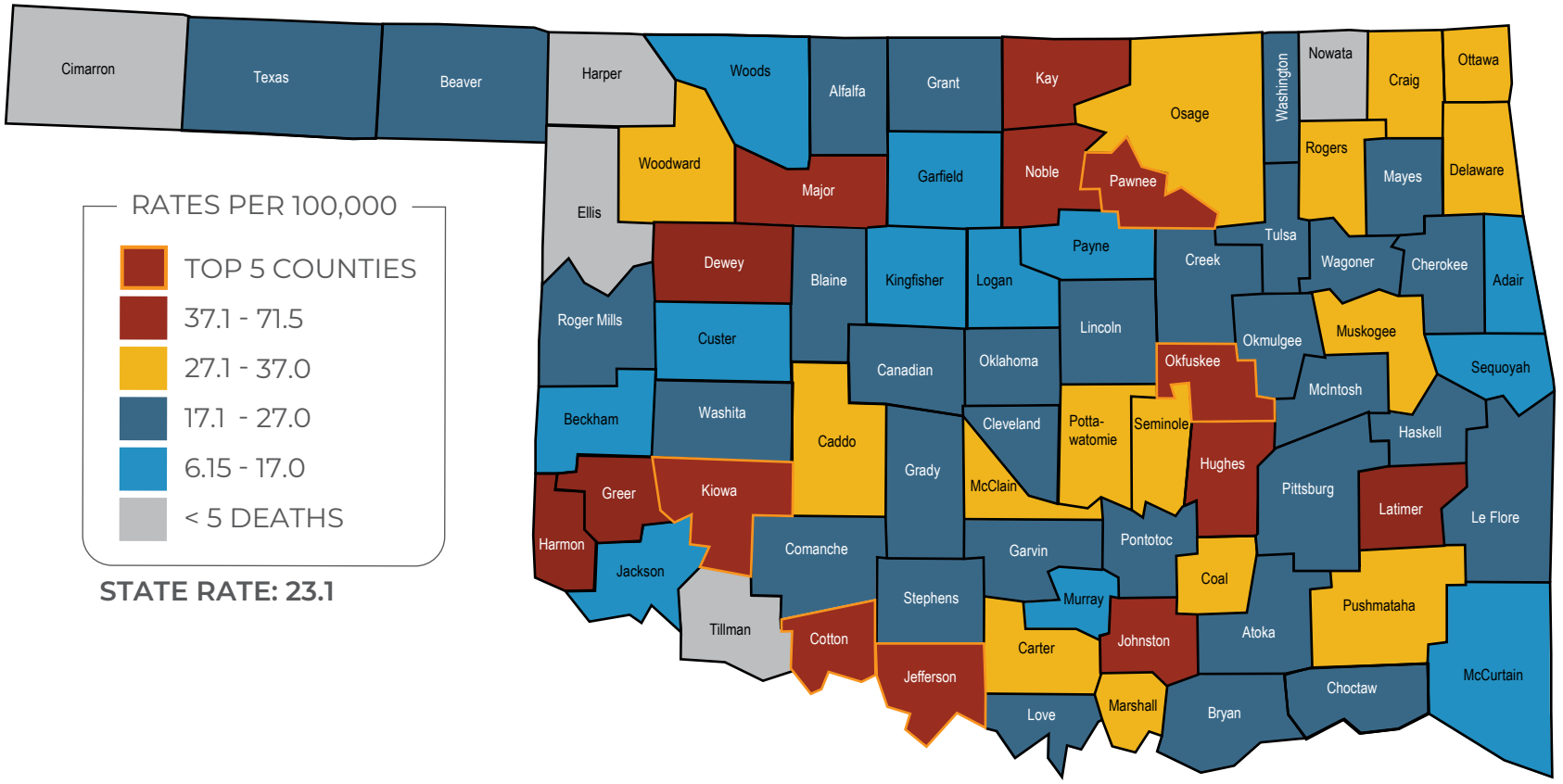
Older adult females were five times more likely to have a history of suicide attempts compared to males (24% versus 5%).

Approximately 85% of suicides occurred in the decedent's home. Suicide notes were left more often by females (44%) than males (29%).

While males (36%) were more likely than females (13%) to have ever received mental health treatment, females were more likely to be receiving treatment at the time of death (36% versus 17%).

Veterans accounted for over two-fifths (42%) of older adult suicide decedents.

OLDER ADULT SUICIDE RATES BY INJURY COUNTY, 2018 – 2022



RATES BY COUNTY

The Oklahoma Violent Death Reporting System (OKVDRS) is a statewide surveillance system for suicides, homicides, undetermined manner deaths, unintentional firearm injury deaths and legal intervention deaths. Data are collected from medical examiner reports, death certificates, and law enforcement reports. The data are included in the National Violent Death Reporting System and can be accessed at wisqars.cdc.gov.

Learn more
oklahoma.gov/health/okvdrs • 405.426.8440

OKLAHOMA State Department of Health

National Violent Death Reporting System NVDRS OKLAHOMA

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